## **COMMONWEALTH OF VIRGINIA**

Virginia Indigent Defense Commission
Attn: Standards of Practice Enforcement Attorney
1604 Santa Rosa Road, Suite 109
Richmond, Virginia 23229
Telephone (804)662-7249, ext. 47

## **COMPLAINT FORM**

Your Name (First, Middle, Last)		<b>Home Phone Number</b>
Street Address		Work/Cell Phone Number
City	State	Zip Code
(List the information r	egarding the attorney against whor	n you are filing the complaint)
<b>Attorney Name (Firs</b>	t, Middle, Last)	Office Telephone Number
Firm Name (If Appli	cable)	
Street Address		
City	State	Zip Code
Was this attorney con	urt appointed?	
In what County or C	ity was your case heard?	
Was this a juvenile, g	general district or circuit court ca	ase?
When did your case	end?	
If the case resulted in	a conviction, was the case appea	aled?
State your Concern	Please write neatly, giving detailed information about the events surrounding your concern as well as the names of any witnesses to the violation(s) cited. Please include copies of any court orders or other court papers you may have in your possession regarding your court case. Make sure that you include the specific violation of the Standards of Practice which you are complaining about. Refer to the website at <a href="https://www.indigentdefense.virginia.gov">www.indigentdefense.virginia.gov</a> to view the Standards of Practice.	

(Continue on the back or a separate page if you need more space	:)	
I have read the above and it is true to the best	t of my knowledge.	
Signature	Date	-
Please return to:		
Virginia Indigent Defense Commission		
Attn: Standards of Practice Enforcement Attorn	ey	
1604 Santa Rosa Road, Suite 109 Richmond, Virginia 23229		
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